

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

Mailing Address: 7500 Odawa Circle, Harbor Springs, MI 49740

Physical Address: 915 Emmet Street, Petoskey, MI 49770

Phone: (231) 242-1620 / Fax: (231) 242-1635

CHILDCARE ASSISTANCE
CHANGE OF INFORMATION FORM

APPLICANT/PARTICIPANT NAME: _____

Section I. Personal Information [] Name Change [] Address Change [] Telephone

Name: _____

Mailing Address: _____

Physical Address: _____

Home Telephone: _____ Work Telephone: _____

Section II. Childcare Needs [] Addition [] Deletion

Change of Children Information

Table with 8 columns: Add, Del, Child's Name, Birth date, Social Security #, Sex, Tribal #, Hours needed. Contains 6 rows of input fields.

Section III. Household Income Information [] Income Change [] Household Member Change

Change of Income or Household information Adding or Deleting

Table with 4 columns: Name, Social Security #, Action: Explain Change, New Wage. Contains 5 rows of input fields.

Section IV. Provider Information

Change of Provider Information

Provider Name: _____

Provider Address: _____

License #* _____ Telephone: _____

Type of Care: [] Relative [] In Your Home [] Group/Family Child Care [] Center Based

Applicant/Participant Signature

Date

*A copy of provider's license, if applicable, and completed W-9, must accompany this application.